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**ARE THE TRAINED NURSES OVER-EDUCATED?\***

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IN a city like Washington, where the results from the employment of trained nurses have been so beneficial and apparent, the question whether they are over-educated seems like begging the question.

It was in January, 1883, twenty-three years ago, that a committee composed of W. W. Johnston, M.D., T. C. McArdle, M.D., and Swan M. Burnett, M.D., of the Medical Society of the District of Columbia, was appointed to aid in the establishment of a directory for nurses. The committee in reporting urged especially "that great care should be used by physicians in recommending nurses, and it is especially useful to know if the nurse can read, whether she can use the catheter and the thermometer. . . . "†

Systematic nursing dates back about seventy years, to the time of Theodore Fliedner, who had the sick poor attended by trained nurses in the little town of Kaiserworth, yet this small beginning gave the impetus to the movement which by the year 1861 had reached our own shores and from the towns of Philadelphia and Boston spread slowly to other cities. In 1850 Florence Nightingale spent some time in the Fliedner school at Kaiserworth, familiarizing herself with the methods and mode of treatment of the sick. The history and progress of nursing in the past seventy years has been but the mirage or reflection of medical progress in our own profession, and as we advance as physicians and surgeons, so shall and should the nurse advance in skill and technique. The tendency of the times in teaching medicine is to get more away from the theoretical—the lectures—and give more time to the practical—the wards and laboratories. If the nurses have but a smattering of medicine, and by what little knowledge, skill, and foresight they may have acquired are able to talk somewhat intelligently of disease, when cornered and queried within four walls day in and day out by a distracted family who have been left in great ignorance as to what the disease may be or turn out to be, I say the position of the nurse is no sinecure. If they do "talk too much and think too little," do not attribute all to the training-school, for most of these young ladies had twenty-five years of life

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\* Read before the Washington Obstetrical and Gynecological Society, May 18, 1906.

† Proceedings of the Med. Society D. C., Jan. 1883, p. 66.

before they came to the training-school, and it is hard to mend old ways in three years when there twenty-five years of bad training before it. Again, in blaming the nurse we censure ourselves, for we as their preceptors in the training-school, knowing of the shortcomings and faults of the nurse, should so shape our lectures and instructions as to impress indelibly upon their minds what should and should not be done, and what should be said and what should be left unsaid. A well-known consulter tells of the inflexible poise of a trained nurse of "half knowledge and of pseudo-science." He said: "I asked her in a humble tone what the surgeon, whom I had failed to meet, had thought of the case, and she promptly replied that he thought there were features suggestive of an intracanalicular myxoma, and when I looked anxious and replied, had she happened to hear if he thought it had an epiblastic or mesoblastic origin? 'Mesoblastic, I believe,' was her answer."\*

You may be sure that the education of the nurse will not be lessened. If there is any change, it will be an increase; not in the theory but in the practice of nursing. The tendency of the very best schools for nurses in our country, Garfield Hospital as an example, is to have more work and less theory. The nurses of Garfield have on an average eight hours of work and one hour of theory. Their first year is given up to cooking, familiarizing themselves with the appearance of drugs, work in supply-room for surgical dressings, and assisting the physician in the dispensary, plain housekeeping, such as making beds and keeping the rooms clean, and towards the end of the first year they become second and third assistants in the wards. The second year is devoted almost entirely to nursing medical and surgical cases in the open wards. The third year the nurses are assistants in obstetrical and surgical cases, and are head nurses in the open wards and do private nursing in the hospital. If the writer was a nurse, he should constantly be thinking "it is better to be sick than care for the sick." Imagine any one employing a nurse nowadays in a difficult or even a simple case and asking her if she can read or use the thermometer or catheter, and yet only twenty-three years ago in this city such questions had to be asked.

Education and good breeding are the requirements necessary for good nursing. The sensibilities of our nature are made purer and more ennobling by education and good breeding. Our heart beats in sympathy with the sufferer; we seek to aid him by the various devices we have learned in nursing; we perhaps may read to him,

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\* *Æquanimitas and Other Addresses*, Wm. Osler, p. 161.

we encourage his sleeping by gentle and rythmical massage and a glass of warm milk or broth; we quiet his restlessness with an alcoholic rub, we reassure him that he is doing well and there is no need of seeing his physician before morning. Oh, what a sense of security a physician feels when away that he will be notified by the nurse of any serious change and not called back for minor, trifling incidents. "He knows that a bandage, if uncomfortable, will be slightly changed, as if he were present. A catheter will be used; that undue hemorrhage will be noted, that confidence in him will be maintained by the loyalty and assurance of the nurse."\* A flagging heart in pneumonia will be noted as well as an increased restlessness and tympanites in typhoid. The kidney will be watched in scarlet fever, the lungs in measles, and the heart in diphtheria. Oh, nurses, how much easier, pleasanter and more successful you have made the practice of medicine.

In conclusion, to summarize why the trained nurse is not over-educated:

I.—Superiority of nurses of to-day over those of twenty-three years ago, due in a large measure to the higher educational requirements of the present time.

II.—Nursing is largely a matter of technique and careful attention to detail. These can be mastered only by long and careful training.

III.—Educational requirements of training-schools for nurses must keep pace with the educational requirements of the schools of medicine.

IV.—Tendency in medical schools towards less didactic and more bedside instruction. Room for improvement in schools for nurses along same lines.

V.—To lower the educational standards of the training-school would invite into the ranks of the nursing profession a less competent and less earnest class of women.

VI.—High educational standards beget confidence on the part of the laity.

VII.—The best argument in favor of maintaining the present standard is the fact that the more advanced nurses in the training-school are the ones in most demand by visiting and resident physicians.

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\* Robert Abbe, M. D., N. Y. Med. J., April 28, 1906.